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Southeast Louisiana  
Area Contingency Plan  
(SELACP)

Initial Reporting Form

Annex 3  
July 2021

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**Record of Changes**

<b>Change Number</b>	<b>Change Description</b>	<b>Section Number</b>	<b>Change Date</b>	<b>Name</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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## 1000 Initial Reporting Form

Date/Time of Notification: \_\_\_\_\_ PPE: \_\_\_\_\_

Reporters Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ City: \_\_\_\_\_

Company: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_ River Mile: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident Description: \_\_\_\_\_

Source and/or Cause: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Vessel Name and Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Material Discharged: \_\_\_\_\_ Quantity: \_\_\_\_\_

Is the material in the water? \_\_\_\_\_ (Y/N) Is the Source Secured: \_\_\_\_\_ (Y/N)

Incident Commander: \_\_\_\_\_

Incident Command Post Location: \_\_\_\_\_

Environmental Conditions: \_\_\_\_\_

Directions: \_\_\_\_\_

Actions taken to Correct, Control or Mitigate Incident: \_\_\_\_\_

Number of Injuries: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_

Were there evacuations? \_\_\_\_\_ (Y/N) Number of Evacuated: \_\_\_\_\_

Areas Affected: \_\_\_\_\_

Responsible Party Intentions: \_\_\_\_\_